

FACSIMILE COVER SHEET

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June 2, 2004

TO: Examiner Davis (TC1600)

GROUP: 1642

FAX NUMBER: 571-273-0830

ATTORNEY DOCKET NO.: DEX-0105

SERIAL NO.: 09/700,700

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MESSAGE: Attached please find Amendment Transmittal Letter; Amendment and Certificate of Transmission by Facsimile.

Kathleen A. Tyrrell, Registration No. 38,350

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Applicant(s): Ali et al.

Docket No.

DEX-0105

Serial No.

09/700,700

Filing Date

November 20, 2000

Examiner

Davis, Minh Tam B.

Group Art Unit

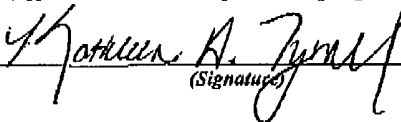
1642

Invention: A Novel Method of Diagnosing, Monitoring and Staging Prostate Cancer

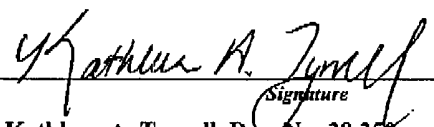
I hereby certify that this Amendment
(Identify type of correspondence)
is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. 571-273-0830)
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Kathleen A. Tyrrell

(Typed or Printed Name of Person Signing Certificate)


(Signature)

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AMENDMENT TRANSMITTAL LETTER (Large Entity)			Docket No. DEX-0105		
Applicant(s): All et al.					
Serial No. 09/700,700	Filing Date November 20, 2000	Examiner Davis, Minh Tam B.	Group Art Unit 1642		
Invention: A Novel Method of Diagnosing, Monitoring and Staging Prostate Cancer					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	1 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	1 -	5 =	0 x	\$80.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
 <input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 50-1619 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 _____ Kathleen A. Tyrrell, Reg. No. 38,350			Dated: June 2, 2004		
Licata & Tyrrell P.C. 66 East Main Street Marlton, New Jersey 08053 Tel : 856-810-1515 Fax: 856-810-1454			<div style="border: 1px solid black; padding: 5px;"><p>I certify that this document and fee is being deposited on with the U.S. Postal Service as first class mail under 37C.F.R. 1.8 and is addressed to the for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</p><hr/><p style="text-align: center;">Signature of Person Mailing Correspondence</p><hr/><p style="text-align: center;">Typed or Printed Name of Person Mailing Correspondence</p></div>		
cc:					